

Application Data Sheet

Application Information

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R???:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)??:
Number of copies of CRF::
Title:: ULTRASONIC MONITOR FOR MEASURING
HEART AND PULSE RATES
Attorney Docket Number:: 017886-000810US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 6
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: Ying-Ching
Family Name:: Lo
Name Suffix::
City of Residence:: Fremont
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 820 Optimo Avenue
City of Mailing Address:: Fremont
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tolentino
Middle Name::
Family Name:: Escorcio
Name Suffix::
City of Residence:: Dublin
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 7125 Amador Valley Boulevard
City of Mailing Address:: Dublin
State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94568

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ron

Middle Name:: Jong

Family Name:: Chang

Name Suffix::

City of Residence:: Fremont

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 42905 Corte Verde

City of Mailing Address:: Fremont

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94539

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application An Appn claiming
benefit under 35 USC
119(e) of 10/346,296 01/15/03

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::